FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: Metro athletic Center Inc.
P01000053849

DO NOT WRITE IN THIS SPACE

FILED
02 MAY 10 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3438 Maggie Blvd
Suite, Apt. #, etc.
City & State: orlando FL
Zip: 32811 Country: orange

3. Mailing Address: 3438 Maggie Blvd
Suite, Apt. #, etc.
City & State: orlando, FL
Zip: 32811 Country: orange

4. FEI Number: 59-3725833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ✓ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jacqueline T. DeBellis
Street Address (P.O. Box Number is Not Acceptable): 144 Cherry Creek Circle
Winter Springs FL 32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Jacqueline T. DeBellis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES - Nicholas C. DeBellis, 144 Cherry Creek Circle, Winter Springs FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. - Jacqueline T. DeBellis, 144 Cherry Creek Circle, Winter Springs FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600005574596--6 -05/20/02--01046--020 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline T. DeBellis May 16 02 (407) 421-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/17/02

To whom it may Concern:

I'm Writing this letter to ask if you'd please Waive the fee of $550.00 due to the fact We purchased our new Corporation after May 1. 2012. Thank You for understanding.

Thank You
Jacqueline DOBBS
Sec.

If any questions please call
407-421-4000 -